

FAS Inspection Tool Manual

June 2018

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ADULT AND SENIOR CARE DOMAINS

The following Senior Care inspection tools have been developed;

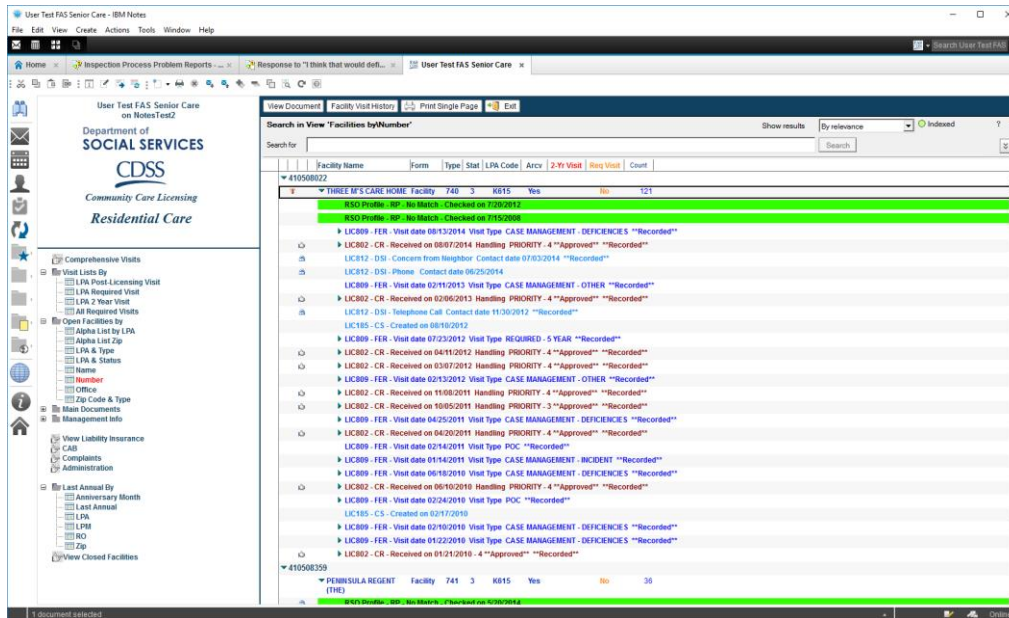
Pre-Licensing	used for inspections conducted prior to licensure to ensure the facility meets licensing requirements
Comprehensive	used for inspections conducted on an annual basis, and post-licensing inspections conducted within 90 days after a facility accepts its first resident following initial licensure
Specialty	used with the comprehensive annual and post-licensing inspections when a Type A or 2 Type B citations are noted

The Specialty Tools are used when non-compliance issues are identified during post-licensing or comprehensive (annual) inspections and focus on the following domains:

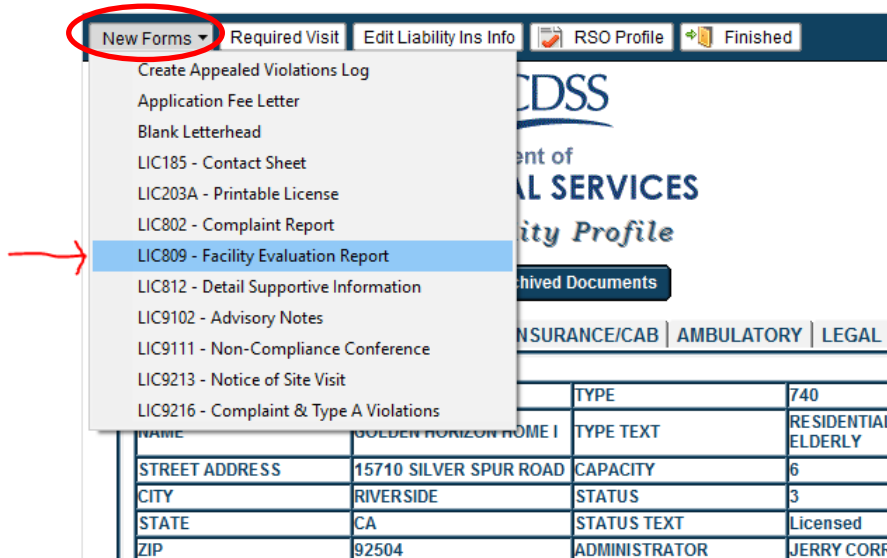
- **Operational Requirements:** plan of operation, required insurances, fire clearance, etc.
- **Physical Plant/Environmental Safety:** facility maintenance, living accommodations, storage space, etc.
- **Staffing:** administrator presence, sufficient staffing, night supervision, etc.
- **Personnel Records/Staff Training:** criminal record clearance/exemption, training, etc.
- **Resident Rights/Information:** resident councils, family councils, resident rights, etc.
- **Resident Records/Incident Reports:** admission agreements, register of residents, etc.
- **Food Service:** meal requirements, food supply, menus, food preparation, etc.
- **Planned Activities:** resident participation, community-centered activities, etc.
- **Incidental Medical and Dental:** plan for incidental medical and dental care, medications, etc.
- **Residents with Special Health Needs:** hospice care, residents with dementia, postural supports, etc.
- **Disaster Preparedness:** emergency plan/disaster & mass casualty plan, etc.

CREATING AN LIC809 AND OPENING AN INSPECTION TOOL

Open the facility profile for the facility for which you wish to complete a pre-licensing, post-licensing, or comprehensive annual inspection.



Select the 'New Forms' button at the top of the profile, then select LIC809 – Facility Evaluation Report.



A new LIC809 will open. Select the type of visit, and input the required fields including the 'Met With', 'Census', and Date/Time information. Make the appropriate selection for 'Announced' or 'Unannounced' visit.

Note: For the pilot, the only visit types that should be selected are: pre-licensing, post-licensing or an annual visit.

FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY NAME:	SOUTHLAND HOME	FACILITY NUMBER:	405802555
ADMINISTRATOR:	VALDEZ, KATHYRINE	FACILITY TYPE:	740
ADDRESS:	804 SOUTHLAND ST	TELEPHONE:	(805) 748-8713
CITY:	NIPOMO	ZIP CODE:	93444
CAPACITY:	4	STATE: CA	
	CENSUS: 1	DATE:	06/11/2018
TYPE OF VISIT:	Annual/Random	ANNOUNCED	
		UNANNOUNCED	
MET WITH:	Person Name	TIME BEGAN:	03:50 PM
		TIME COMPLETED:	03:51 PM

NARRATIVE	
"Do not enter more than 25 lines of comments on this page."	
1	Narrative text...
2	
3	
4	
5	
6	
7	
8	

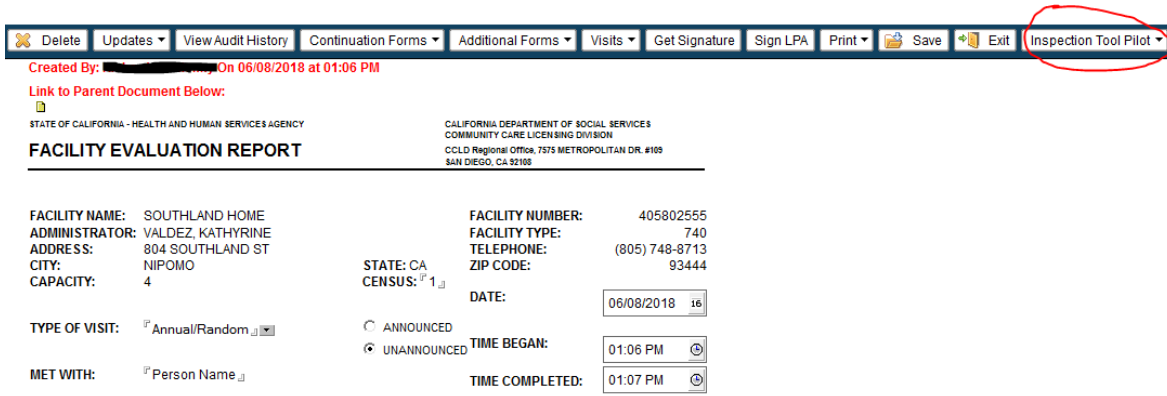
Complete the Narrative portion of the report as you normally would.

Save the LIC809 by selecting the 'Save' button at the top of LIC809 screen.

FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY NAME:	SOUTHLAND HOME	FACILITY NUMBER:	405802555
ADMINISTRATOR:	VALDEZ, KATHYRINE	FACILITY TYPE:	740
ADDRESS:	804 SOUTHLAND ST	TELEPHONE:	(805) 748-8713
CITY:	NIPOMO	ZIP CODE:	93444
CAPACITY:	4	STATE: CA	
	CENSUS: 1	DATE:	06/11/2018
TYPE OF VISIT:	Annual/Random	ANNOUNCED	
		UNANNOUNCED	
MET WITH:	Person Name	TIME BEGAN:	03:50 PM
		TIME COMPLETED:	03:51 PM

Once the LIC809 is saved, a new button appears at the top of the form and includes the 'Inspection Tool Pilot' button.)

OPENING AN INSPECTION TOOL



Created By: [REDACTED] On 06/08/2018 at 01:06 PM
Link to Parent Document Below: [REDACTED]

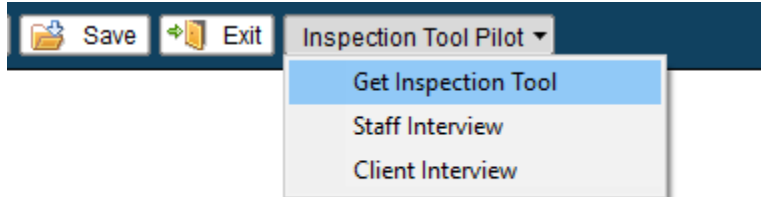
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME:	SOUTHLAND HOME	FACILITY NUMBER:	405802555
ADMINISTRATOR:	VALDEZ, KATHYRINE	FACILITY TYPE:	740
ADDRESS:	804 SOUTHLAND ST	TELEPHONE:	(805) 748-8713
CITY:	NIPOMO	ZIP CODE:	93444
CAPACITY:	4	STATE: CA	
		CENSUS: 1	
		DATE:	06/08/2018 16
TYPE OF VISIT:	Annual/Random	<input type="radio"/> ANNOUNCED	
		<input checked="" type="radio"/> UNANNOUNCED	
MET WITH:	Person Name	TIME BEGAN:	01:06 PM
		TIME COMPLETED:	01:07 PM


When the 'Inspection Tool Pilot' button is selected, a drop down menu appears.

Select the 'Get Inspection Tool' from the drop down.



The Inspection Tool will appear as a 'Inspection Tool' button just below the 'Met With' field on the LIC809 form. Clicking on this button will open the Inspection Tool in edit mode in Excel.

Link to Parent Document Below:

 STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: SOUTHLAND HOME
ADMINISTRATOR: VALDEZ, KATHYRINE
ADDRESS: 804 SOUTHLAND ST
CITY: NIPOMO
CAPACITY: 4

FACILITY NUMBER: 405802555
FACILITY TYPE: 740
TELEPHONE: (805) 748-8713
ZIP CODE: 93444

STATE: CA
CENSUS: 1

DATE: 06/08/2018 16

TYPE OF VISIT: Annual/Random
ANNOUNCED
UNANNOUNCED

MET WITH: Person Name

TIME BEGAN: 01:06 PM
TIME COMPLETED: 01:07 PM

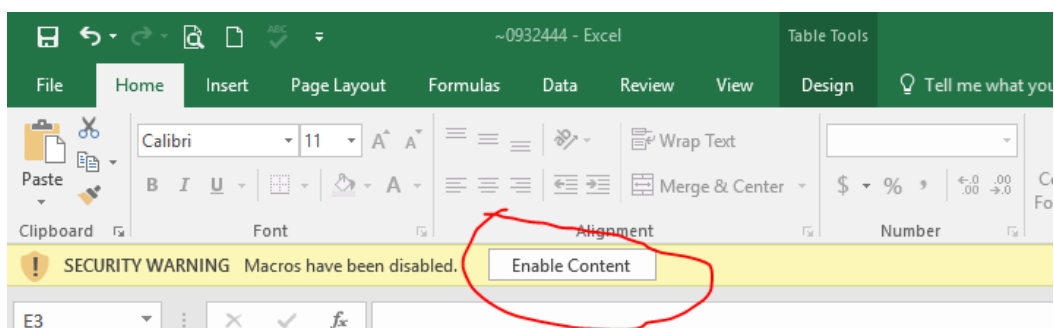
☐ Inter-Rater Reliability **Inspection Tool**

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1 Narrative text....
2
3

Note: You may need to select the 'Enable Content' button at the top of the Excel Sheet for the form to be editable.



The Inspection Tool will open in a new Excel window.

- You will notice that each inspection domain is included as a worksheet tab at the bottom of workbook. Each worksheet tab contains the corresponding regulation/statutes that must be reviewed during the inspection.

	A	B	C	E	F	G	H	I	J	K	L
		Regulation	Physical Plant/Environmental Safety	In Compliance?		Deficiency Type					
Type	Statute	Regulation Statute Language		Yes	No	N/A	Type A	Type B	TV	TA	Notes
HSC	1569.32	Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this chapter.									
CCR	87755(c)	(c) The licensing agency shall have the authority to inspect, audit, and copy resident or facility records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 87412(f), 87506(d), and 87508(b).									
CCR	87113	The license shall be posted in a prominent location in the licensed facility accessible to public view.									
HSC	1569.311	Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.									
CCR	87303(a)	The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.									
CCR	87303(a)(1)	(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.									
CCR	87303(b)	(b) A comfortable temperature for residents shall be maintained at all areas.									
CCR	87303(b)(1)	(1) The facility shall heat rooms that residents occupy to a minimum of 68 degrees F, (20 degree C).									
CCR	87303(b)(2)	(2) The facility shall cool rooms to a comfortable range, between 78 degrees F (26 degrees C) and 85 degrees F (30 degrees C), or in areas of extreme heat to 30 degrees F less than the outside temperature.									
CCR	87303(b)(3)	(3) Nothing in this section shall prohibit residents from adjusting individual									
Phys Plant & Environment Safety Operational Requirements Staffing Personnel Records-Training Resident Rec-Incident Reports Resident Rights-Information Planned Activities Food Ser ...											

- There are cells to the right of each item listed on the tool. Click in the appropriate box (YES/NO/NA) to mark the result.
 - YES, indicates the facility is in compliance.
 - NA, indicates the regulation is Not Applicable during the inspection.
 - NO, indicates the facility is not in compliance.
 - If 'NO' is marked:
 - You have the option to select whether the deficiency will be cited as a 'Type A', or 'Type B' deficiency.
 - While you may mark multiple sections as noncompliant, only cite the most applicable requirement.
 - If you indicate that a section is not in compliance but only wish to cite under a specific sub-section, there is no need to select 'Type A' or 'Type B' in that section. If a sub-section is selected, the entire regulatory language for the main section will appear on the deficiency page.

- If a deficiency does not warrant a citation, you can also select either 'TA', or 'TV.'
 - 'TA' indicates a Technical Assistance Note will be created.
 - 'TA' can be selected if either 'YES' or 'NO' is selected on the Inspection Tool.
 - 'TV' indicates a Technical Violation Note will be created for the non-compliant area.
 - 'NO' must be marked on the Inspection Tool in order to select a 'TV.'

	A	B	C	E	F	G	H	I	J	K	L
1	Regulation		Physical Plant/Environmental Safety	In Compliance?		Deficiency Type					
2	Type	Statute	Regulation Statute Language	Yes	No	N/A	Type A	Type B	TV	TA	Notes
3	HSC	1569.32	Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this chapter.	YES							
4	CCR	87755(c)	(c) The licensing agency shall have the authority to inspect, audit, and copy resident or facility records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 87412(f), 87506(d), and 87508(b).		NO		A				
5	CCR	87113	The license shall be posted in a prominent location in the licensed facility accessible to public view.		NO			B			
6	HSC	1569.311	Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.		NO				TV		
7	CCR	87303(a)	The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.		NO					TA	
8	CCR	87303(a)(1)	(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.			N/A					

- When a deficiency is noted, you may fill out the 'Notes' field of the form.
 - The 'Notes' cells are where you will input your observations regarding the noncompliant item. These notes will populate the LIC 809 narrative and the Deficient Practice Statement area of the LIC809D or the Comment section of the LIC9102.
 - If the notes run off the page of the LIC 809, open a LIC809C and cut and paste the extra text over manually.
 - For any items on the tool marked as Type A or Type B, the Deficient Practice Statement template language will be inserted into the Deficient Practice Statement box on the LIC809D, and the notes from the tool will also be appended below this template language. If there is too much text for the box it becomes scrollable, and only the visible text will print, edit the template language with the notes and make sure it fits in the space available.

7	CCR	87303(a)	The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.																	
8	CCR	87303(a)(1)	(1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.																	
9	CCR	87303(b)	(b) A comfortable temperature for residents shall be maintained at all areas.	NO				B												Based on observation and interview, the Licensee failed to maintain a comfortable temperature (90 degrees) for.
10	CCR	87303(b)(1)	(1) The facility shall heat rooms that residents occupy to a minimum of 68 degrees F, (20 degree C).																	

The ENTIRE Inspection Tool (EVERY DOMAIN WORKSHEET TAB) MUST be completed at the time of inspection.

- A summary tab is available (last tab when scrolling right in the tool) which summarizes the completion status of each domain and specialty tool(s.)
 - **Note:** The summary tab will list number of items missed in the specialty tools regardless of a specialty tool being triggered in a particular domain. Please verify that a specialty tool was not triggered when reviewing the summary sheet.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Domain	Sections	Inspected	Missed	Specialty	Inspected	Missed									
2	Physical Plant/Environmental Safety	74	0	74	11	0	11									
3	Operational Requirements	111	0	111	151	0	151									
4	Staffing	22	0	22	19	0	19									
5	Personnel Records/Staff Training	81	0	81	114	0	114									
6	Resident Records/Incident Reports	137	0	137	254	0	254									
7	Resident Rights/Information	95	0	95	30	0	30									
8	Planned Activities	25	0	25	37	0	37									
9	Food Service	39	0	39	32	0	32									
10	Residents with Special Health Needs	207	0	207	209	0	209									
11	Incidental Medical and Dental	45	0	45	51	0	51									
12	Disaster Preparedness	27	0	27	30	0	30									
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
32																
33																
34																
35																
	...	Resident Rec-Incident Reports	Resident Rights-Information	Planned Activities	Food Service	Residents with SHN	Incidental M&D	Disaster Preparedness	Summary							

A reminder message will appear when exiting the Inspection Tool if the Summary tab was not opened/reviewed prior to exiting.

Summary

Do you want to review the Inspection Summary

Yes

No

SELECTING DEFICIENCIES/ADVISORY NOTES FROM THE TOOL

If a Type A deficiency or 2 Type B deficiencies are selected in any of the domain areas listed on the Inspection Tool, a new 'Specialty Tool' within that specific domain will automatically open in the Excel sheet.

The Specialty Tool items will appear as tan-colored rows on the sheet as depicted in the screen shot below. These rows contain additional areas of focus to be checked as a result of the Type A, or Type B citations noted during the inspection.

Type A citation selected in screen shot below.

Regulation	Statute	Regulation Statute Language	In Compliance?	Deficiency Type	Notes
HSC	1569.311	Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.	NO	A	CO detector not working

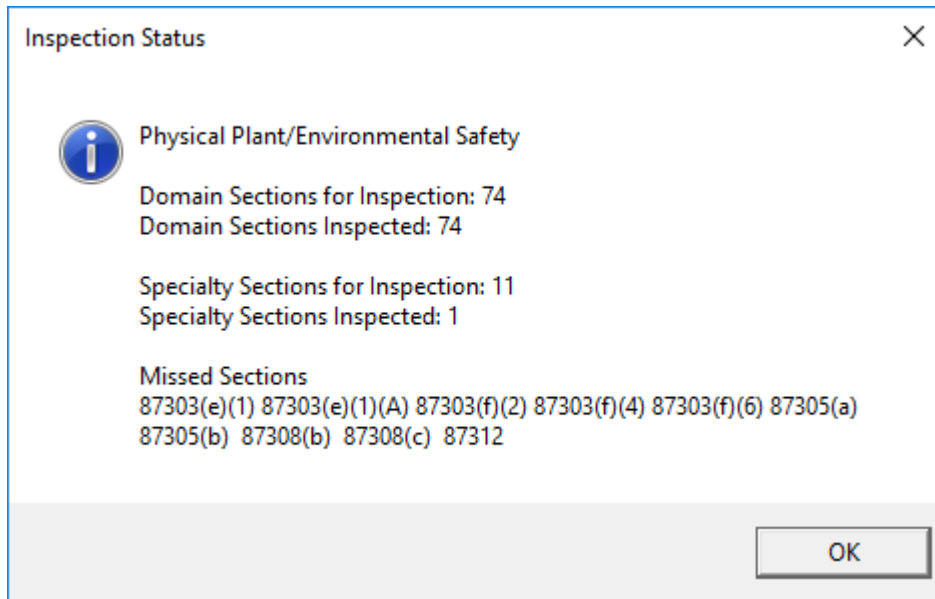
Specialty Tool opens as additional tan-colored cells that were previously hidden within the Inspection Tool sheet.

CCR	87303(d)	(d) There shall be lamps or light appropriate for the use of each room and sufficient to ensure the comfort and safety of all persons in the facility.	NO	A														
CCR	87303(e)	(e) Water supplies and plumbing fixtures shall be maintained as follows:																
CCR	87303(e)(1)	(1) All community care facilities where water for human consumption is from a private source shall:																
CCR	87303(e)(1)(A)	(A) As a condition of initial licensure, provide evidence of an on-site inspection of the source of the water and a bacteriological analysis by a local or state health department or other qualified public or private laboratory which establishes the safety of the water.																
CCR	87303(e)(1)(B)	(B) Following licensure, provide a bacteriological analysis of the private water supply as frequently as is necessary to assure the safety of the residents, but no less frequently than the time intervals shown in the table below. However, facilities licensed for six or fewer residents shall be required to have a bacteriological analysis subsequent to initial licensure only if evidence supports the need for such an analysis to protect residents. <table><tr><td>Licensed Capacity</td><td>Analysis Required</td></tr><tr><td>Under 6</td><td>Initial Licensing</td></tr><tr><td>7 through 15</td><td>Initial Licensing</td></tr><tr><td>16 through 24</td><td>Initial Licensing</td></tr><tr><td>25 or more</td><td>Refer to the County Health Department for compliance with the California Safe Drinking Water Act, Health and Safety Code, Division 5, Part 1, Chapter 7, Water and Water Systems.</td></tr></table>	Licensed Capacity	Analysis Required	Under 6	Initial Licensing	7 through 15	Initial Licensing	16 through 24	Initial Licensing	25 or more	Refer to the County Health Department for compliance with the California Safe Drinking Water Act, Health and Safety Code, Division 5, Part 1, Chapter 7, Water and Water Systems.						
Licensed Capacity	Analysis Required																	
Under 6	Initial Licensing																	
7 through 15	Initial Licensing																	
16 through 24	Initial Licensing																	
25 or more	Refer to the County Health Department for compliance with the California Safe Drinking Water Act, Health and Safety Code, Division 5, Part 1, Chapter 7, Water and Water Systems.																	

Note: Specialty tool items will populate throughout the worksheet. Please scroll back to the top of the sheet to ensure you review all items.

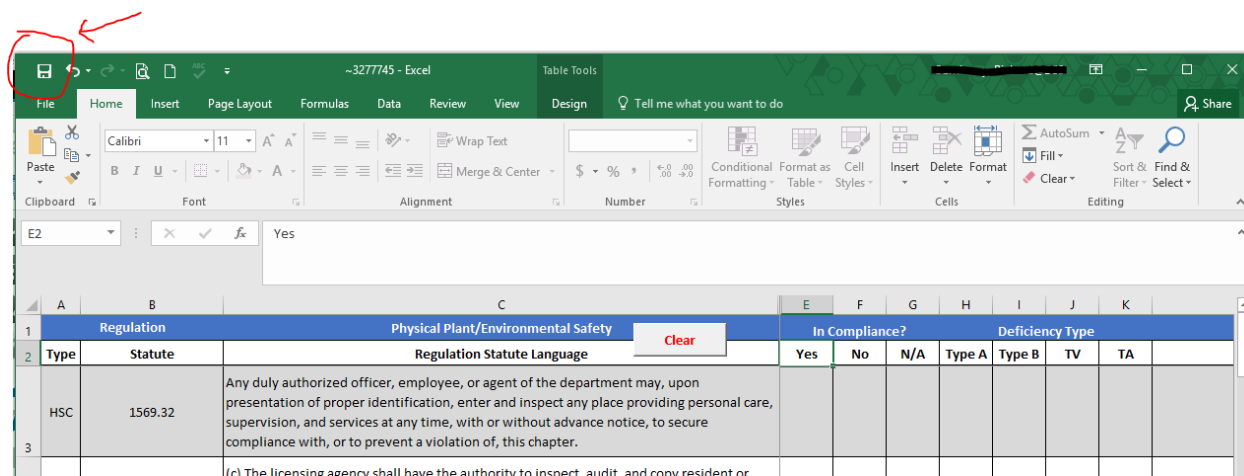
- You can move from one domain to another within the Inspection Tool by selecting the appropriate tab for the other domain.

- If the domain you were working on was not entirely completed, you will receive a message that the domain is not complete.

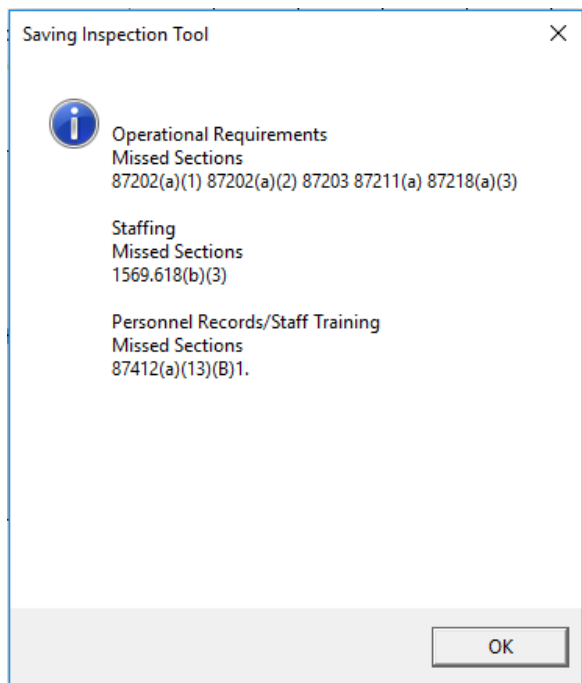


SAVING & CLOSING THE INSPECTION TOOL(S)

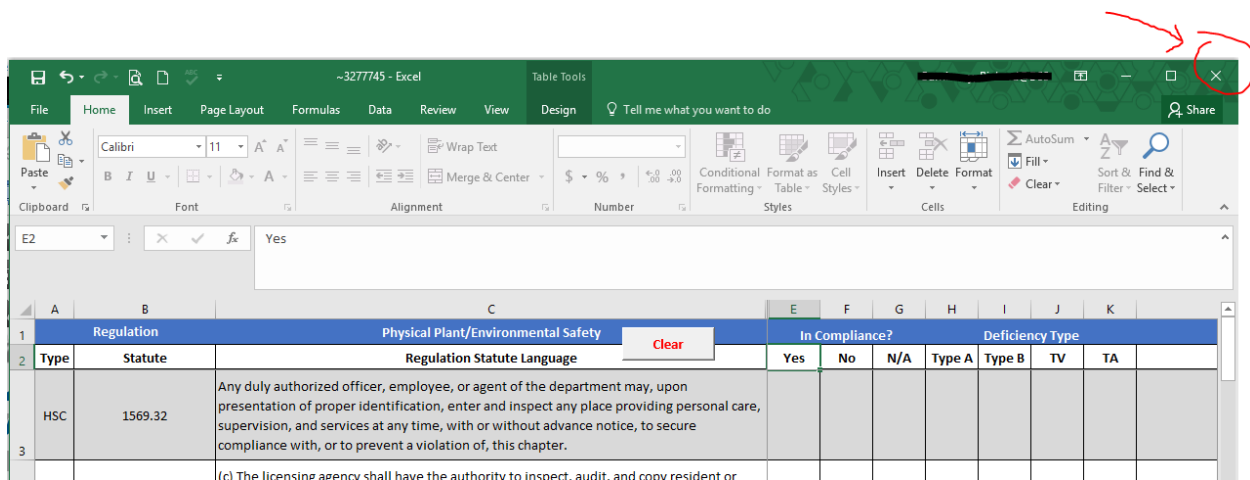
When all fields have been completed on the Inspection Tool/Specialty Tool, select the 'Save' icon on the Excel window to save the Tool.



Note: If you save the Inspection Tool without completing each domain, a message will appear informing you of the incomplete areas on the Inspection Tool.



Once the Inspection Tool (and Specialty Tool(s) – if applicable) have been completed and saved, you can close the Inspection Tool by clicking on the 'X' at the top-right of the Excel Window.

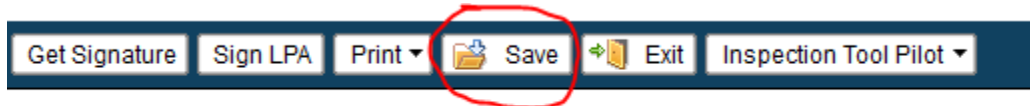


- Closing the Inspection Tool(s) will allow you to complete the LIC809.
 - **Note:** You may switch between the Inspection Tool and the LIC809 as needed throughout the inspection process.

COMPLETING THE LIC809

Once you have exited the Inspection Tool, remember to complete the Narrative portion of the LIC809.

Note: Once an Inspection Tool has been saved, you should select the 'Save' button on the LIC809 to ensure the Inspection Tool is properly linked to the report.




COMPLETE THE INSPECTION

If deficiencies were noted on the Inspection Tool or Specialty Tool(s), you will need to create deficiency page(s). Make sure that the Inspection Tool is complete before proceeding.

A new 'Complete Inspection' button appears on the LIC809. Selecting the 'Complete Inspection' button will create deficiency pages. You must select the "Complete Inspection" button to complete the report even if no citations/advisory notes were selected on the Inspection Tool.

Link to Parent Document Below:

 STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME:	SOUTHLAND HOME	FACILITY NUMBER:	405802555
ADMINISTRATOR:	VALDEZ, KATHYRINE	FACILITY TYPE:	740
ESS:	804 SOUTHLAND ST	TELEPHONE:	(805) 748-8713
	NIPOMO	ZIP CODE:	93444
CITY:	4	STATE: CA	
		CENSUS:	1
		DATE:	06/08/2018
TYPE OF VISIT:	Annual/Random	ANNOUNCED	
		UNANNOUNCED	
MET WITH:	Person Name	TIME BEGAN:	01:06 PM
		TIME COMPLETED:	01:07 PM

☐ Inter-Rater Reliability

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1	Narrative text....
2	
3	

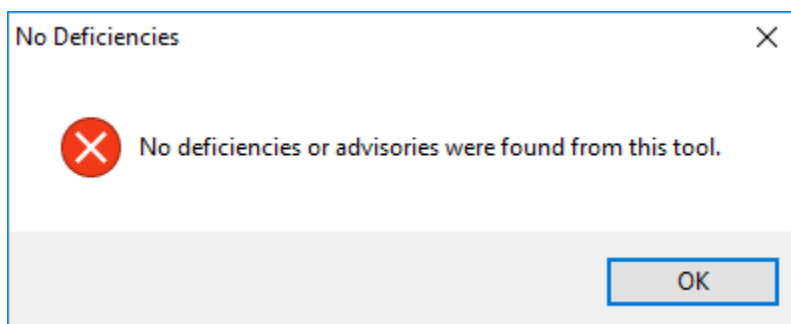
You will see the following screen pop up as FAS creates and populates the deficiency page(s).

Please wait while we convert the inspection tool to 809D and or 9102...



5/22/2018 3:56:57 PM - Reading the inspection tool
5/22/2018 3:56:57 PM - Reading Physical Plant/Environmental Safety
5/22/2018 3:56:58 PM - Reading Operational Requirements
5/22/2018 3:56:59 PM - Reading Staffing
5/22/2018 3:56:59 PM - Reading Personnel Records/Staff Training
5/22/2018 3:57:00 PM - Reading Resident Records/Incident Reports

If any deficiencies or advisories were noted, FAS will automatically create the deficiency and advisory page(s) (LIC809Ds/9102s) and from the fields completed on the Inspection/Specialty Tools. If there were no deficiencies or advisories, you will see this pop up window.



Once the process is complete, you will be taken back to the facility view. You will now see any newly created LIC809Ds/LIC 9102s below the LIC809.

▼ 193600003						
🔍 MINNIE MOUSE RCFE		Facility	740	3	0906	3
📅 ▼ LIC809 - FER - Visit date 06/18/2018 Visit Type ANNUAL/RANDOM						
✓	LIC9102 - AN - Created on 06/18/2018					
✓	LIC809-D - FER - Visit date 06/18/2018					

Double-clicking on the LIC809D will open the new deficiency page.

FACILITY EVALUATION REPORT (Cont)FACILITY NAME: MINNIE MOUSE RCFE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 193600003


VISIT DATE: 06/18/2018 16

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(b)	
(b) A comfortable temperature for residents shall be maintained at all areas.					
Deficient Practice Statement					
1	risk to residents in care" OR Type B- "poses/posed a potential Health, Safety or Personal Rights risk to residents in care."				▲
2					
3	Based on observation and interview, the Licensee failed to maintain a comfortable temperature (90 degrees) for 4 of 4 residents (R1, R2, R3, R4) in the living room which poses an immediate health and safety risk to residents in care.				▼
4					
POC Due Date:					
Plan of Correction					
1					
2					
3					
4					
Section Cited					
Deficient Practice Statement					
1					
2					
3					
4					
POC Due Date:					
Plan of Correction					
1					
2					

- Note that the layout of LIC809D has changed. The complete statute/regulation information, and LPA observations ('Deficiency Practice Statement' – taken from 'Notes' on the Inspection Tool) are automatically populated on the form.
 - The new LIC809D form has a maximum of 2 citations per page. The system will generate the number of LIC809Ds needed to accommodate all citations noted in the Inspection Tool.

Double-clicking on the LIC9102 will open the new advisory note page.

Created By: [REDACTED] On 05/22/2018 at 04:29 PM
Link to Parent Document Below:


STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
ADVISORY NOTES

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #100
SAN DIEGO, CA 92108

FACILITY NAME: PARADISE HOME II FACILITY NUMBER: 336413057

THIS IS NOT A CITATION VISIT DATE: 05/22/2018 16

The following notes document technical violations of regulations/statutes, provide technical assistance and are kept in the public portion of the facility file.

Technical Assistance	Physical Plant/Environmental Safety	CCR	87303(c)	
(c) All window screens shall be clean and maintained in good repair.				
Comments				
1	Screens are close to needing replacement.			
2				
3				
4				
5				
6				
7				
8				

Comments				
1				
2				
3				
4				
5				
6				
7				
8				

- The new LIC9102 form has a maximum of 2 Advisory Notes per page. The system will generate the number of LIC9102 forms needed to accommodate all Advisory Notes selected in the Inspection Tool.

- **Note:** You can add additional Advisory Notes by selecting the 'Add Advisory' button on the LIC9102 form (if there is room on the form, and the advisory note is not something that was already addressed as part of the Inspection Tool.)

Link to Parent Document Below:



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office,
CA

ADVISORY NOTES

FACILITY NAME: MINNIE MOUSE RCFC

FACILITY NUMBER: 193600003

THIS IS NOT A CITATION

VISIT DATE: 06/18/2018 16

The following notes document technical violations of regulations/statutes, provide technical assistance and are kept in the public portion of the facility file.

THIS FORM IS FOR ADVISORY NOTES ONLY!
Do not enter more than 8 lines in each input box for this section, on this page.

Technical Violation	Physical Plant/Environmental Safety	CCR	87303(a)(1)
The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors. (1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.			
Comments			
1	The floor surfaces throughout the facility were sticky during the visit.		
2			
3			
4			
5			
6			
7			
8			

				Add Advisory

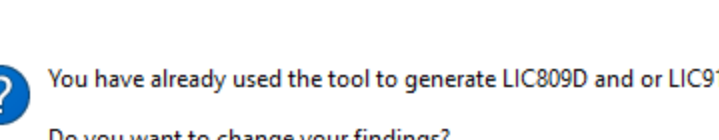
- New Advisory**

For Technical Violation you must complete the Domain, Section Cited and Regulation Language.
After you click OK, you can still edit them by clicking directly on the "Add Advisory" button prior to clicking anywhere else on the 9102 form.

You can edit the Comments section directly on the 9102 form anytime before Final Print.

<input type="radio"/> Technical Assistance <input type="radio"/> Technical Violation	Domain Physical Plant/Environmental Safety Operational Requirements Staffing Personnel Records/Staff Training Resident Records/Incident Reports Resident Rights/Information Planned Activities Food Service Residents with Special Health Needs Incidental Medical and Dental Disaster Preparedness N/A	<input type="radio"/> CCR <input type="radio"/> HSC <input type="radio"/> ILS	Section Cited 	
Regulation Language				
Comments				
1				
2				
3				
4				
5				
6				
7				
8				

OK Cancel



Inspection Tool

?

You have already used the tool to generate LIC809D and or LIC9102
Do you want to change your findings?

Click Yes to continue.

Click No to read the tool only.

Yes No Cancel

PLAN OF CORRECTIONS

You will need to input the Plan of Correction information for each citation in the 'POC' section on the deficiency page(s). Select the 'Edit' button on the LIC809D to edit the form.

Created By: [REDACTED] On 06/18/2018 at 10:12 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 CCLD Regional Office,
 CA

FACILITY NAME: MINNIE MOUSE RCFC FACILITY NUMBER: 193600003

DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 06/18/2018 16

DEFICIENCIES & PLANS OF CORRECTION (POCs)

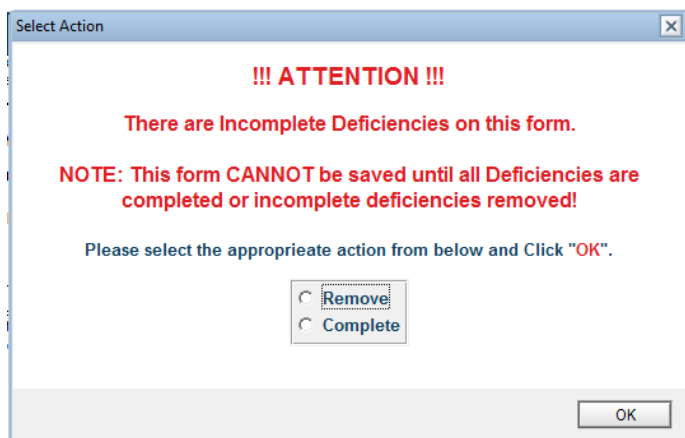
	Type A	Section Cited	CCR	87303(b)
(b) A comfortable temperature for residents shall be maintained at all areas.				
Deficient Practice Statement				
1	Based on observation? Interview? Record review? the licensee failed to (insert language from the regulation/statute that pinpoints what the licensee failed to do) _____ in _____ (#) of _____ (total #s) residents			
2	(Resident identifiers) which (choose the level of risk) Type A- "poses an immediate Health, Safety or Personal Rights risk to residents in care" OR Type B- "poses/posed a potential Health, Safety or Personal Rights risk to residents in			
3				
4				
POC Due Date:				
Plan of Correction				
1				
2				
3				
4				

Input the POC due date for each citation on the deficiency page(s), and complete the Plan of Correction field to document the plan.

	Type A	Section Cited	HSC	1569.311
Every residential care facility for the elderly shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.				
Deficiency Practice Statement				
1	CO detector did not function.			
2				
3				
4				
POC Due Date: 05/23/2018 16				
Plan of Correction				
1	Licensee will provide receipt of purchase of new CO detector and photograph of installed detector.			
2				
3				
4				

Once all the information is input on the deficiency page(s), you can save and exit the form as needed.

Note: If you do not complete all the POC information and due dates when saving and exiting the form, the following message will appear.

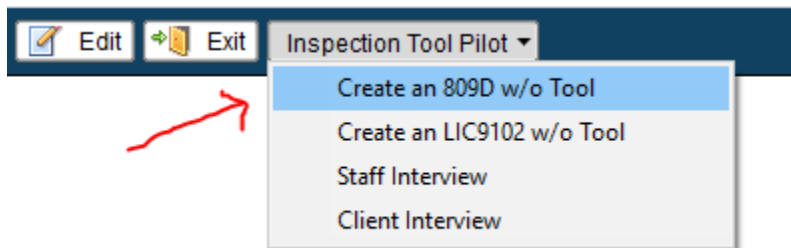


Select the “Complete” bullet, and click ‘OK’ to continue completing the form as needed. When finished entering the additional information, save, and exit the form.

ADDITIONAL DEFICIENCY PAGE(S) OR ADVISORY NOTES

If you need to issue citation(s) or advisory notes for noncompliant items not covered in the Inspection/Specialty Tool(s), you can create them from the LIC809 form.

Open the LIC809 from the facility profile view. Select the ‘Inspection Tool Pilot’ button on the LIC809. Then select the ‘Create 809D w/o Tool’ or ‘Create LIC9102 w/o Tool’ option from the drop down menu.



A new LIC809-D or LIC9102 will open. The fields will **not** be pre-populated on these forms, so you will need to manually input the citation information, observations, the Plan of Correction (POC) information, and POC due date(s), or advisory note information.

Created By: [REDACTED] On 05/22/2018 at 05:02 PM
 Link to Parent Document Below:
 STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 CCLD Regional Office, 7075 METROPOLITAN DR. #100
 SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PARADISE HOME II FACILITY NUMBER: 336413057
 DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 05/22/2018 16

THIS FORM IS FOR DEFICIENCIES ONLY!
 Do not enter more than 4 lines in each input box for this section, on this page.

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Section Cited	Add Citation
1		
2		
3		
4		

Deficiency Practice Statement

POC Due Date: 16

Plan of Correction

1
2
3
4

Created By: [REDACTED] On 05/22/2018 at 05:04 PM
 STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
 CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 CCLD Regional Office, 7075 METROPOLITAN DR. #100
 SAN DIEGO, CA 92108

ADVISORY NOTES

FACILITY NAME: PARADISE HOME II FACILITY NUMBER: 336413057
 THIS IS NOT A CITATION VISIT DATE: 05/22/2018 16

THIS FORM IS FOR ADVISORY NOTES ONLY!
 Do not enter more than 8 lines in each input box for this section, on this page.

The following notes document technical violations of regulations/statutes, provide technical assistance and are kept in the public portion of the facility file.

	Add Advisory
1	
2	
3	
4	
5	
6	
7	
8	

Comments

1
2
3
4
5
6
7
8

Once all of the information is input on the deficiency page(s), you can save and exit the forms as needed.

REVISING AND REPLACING THE DEFICIENCY/ADVISORY NOTE PAGES BEFORE FINAL PRINT

It is possible that after reviewing the report, you notice that an error was made on the Inspection Tool and need to change a citation or advisory note.

- An example could be that a Type A was selected for a deficiency, when a Type B should have been selected.

1	Regulation		Physical Plant/Environmental Safety	Clear	In Compliance?			Deficiency Type				
2	Type	Statute	Regulation Statute Language		Yes	No	N/A	Type A	Type B	TV	TA	Notes
	CCR	87307(a)(3)(C)	(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.									
55												
56	CCR	87307(a)(3)(D)	(D) Hygiene items of general use such as soap and toilet paper.		NO		A				There was no toilet paper available for R1 at initial inspection of the room. The toilet paper was replaced	
			(E) Portable or permanent closets and drawer space in the bedrooms for clothing and									

First delete the narrative notes from the LIC 809.

- Select 809 under the facility to open narrative notes from LIC 809 and Click “Edit” button.

Delete
Updates
Continuation Forms
Additional Forms
Visits
Sign LPA
Print
Edit
Exit
Inspection Tool Pilot

Created By: Wing Wong On 06/15/2018 at 10:22 AM

[Link to Parent Document Below:](#)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1700 9TH STREET, FOURTH FLOOR
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT

FACILITY NAME: 1ST PACIFIC COAST HOMES II		FACILITY NUMBER: 415600833	
ADMINISTRATOR: DEBORAH M. DAHLEN		FACILITY TYPE: 740	
ADDRESS: 2585 ARDEE LANE		TELEPHONE: (650) 873-8635	
CITY: SOUTH SAN FRANCISCO	STATE: CA	ZIP CODE: 94080	
CAPACITY: 6	CENSUS: 6		
TYPE OF VISIT: Annual/Random		DATE: 06/15/2018	16
UNANNOUNCED		TIME BEGAN: 10:22 AM	
MET WITH:		TIME COMPLETED: 10:23 AM	

NARRATIVE

1	I went to First Pacific Coast Home II on June 15, 2018 and observed.
2	
3	
4	

Select the populated text that was inserted into the narrative portion of the LIC809 when the LIC809D/LIC9102 forms were created (if applicable.)

FACILITY EVALUATION REPORT

CCLD Regional Office,
CA

FACILITY NAME:	MINNIE MOUSE RCFE	FACILITY NUMBER:	193600003
ADMINISTRATOR:	MINNIE MOUSE	FACILITY TYPE:	740
ADDRESS:	789 SECOND STREET	TELEPHONE:	(916) 999-9997
CITY:	TOONTOWN	ZIP CODE:	95800
CAPACITY:	6	STATE:	CA
		CENSUS:	1
		DATE:	06/18/2018 16
TYPE OF VISIT:	Annual/Random	ANNOUNCED	
		UNANNOUNCED	
MET WITH:	John Doe	TIME BEGAN:	09:32 AM
		TIME COMPLETED:	09:33 AM

☐ Inter-Rater Reliability

Inspection Tool

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1	LPA XXXXX arrived at the facility for purpose of conducting an annual/random inspection....
2	
3	
4	Based on observation and interview, the Licensee failed to maintain a comfortable temperature (90
5	degrees) for 4 of 4 residents (R1, R2, R3, R4) in the living room which poses an immediate health and
6	safety risk to residents in care.
7	
8	
9	
10	
11	
12	
13	
14	
15	

Then delete the text as needed.

To delete the incorrect 809Ds/9102s, open each LIC809D/LIC9102.

User Test FAS Senior Care - IBM Notes

Department of SOCIAL SERVICES
CDSS
Community Care Licensing
Residential Care

Search in View 'Facilities by Number'

Facility Name	Form	Type	Stat	LPA Code	Arccv	2-Yr Visit	Req Visit	Count
RESIDENCE IV, THE	Facility	740	2	5220				0
405802299								
VISTA ROSITA ELDER CARE	Facility	740	3	N405				7
LIC809 - FER - Visit date 05/30/2018 Visit Type ANNUALRANDOM								
LIC812 - OSI - Test Contact date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
LIC809-D - FER - Visit date 05/30/2018								
405802300								
HOPE ASSISTED LIVING	Facility	740	2	5109				0
405802301								
A HEAVENLY HOME COMMUNITIES C	Facility	740	2	5210				1
LIC809 - FER - Visit date 06/11/2018 Visit Type PRELICENSING								
405802302								
A HEAVENLY HOME COMMUNITIES D	Facility	740	2	5210				0
405802303								
A HEAVENLY HOME COMMUNITIES B	Facility	740	2	5210				0
405802304								
A HEAVENLY COMMUNITIES A	Facility	740	2	5210				0
405802306								
VISTA ROSITA ELDER CARE	Facility	740	2	5201				0
405802555								
SOUTHLAND HOME	Facility	740	3	N404				1
LIC809 - FER - Visit date 06/11/2018 Visit Type ANNUALRANDOM								
410500567								
SEQUOIAS-PORTOLA VALLEY, THE	Facility	741	3	K705				0

Select the 'Delete' button at the top of the form(s.)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office 7575 METROPOLITAN DR. #100
SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VISTA ROSITA ELDER CARE
FACILITY NUMBER: 405802299
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 05/30/2018 16

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87307(a)(3)(D)
(a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply: (3) Equipment and supplies necessary for personal care and maintenance of adequate hygiene practice shall be readily available to each resident. The resident may provide the following items; however, if the resident is unable or chooses not to provide them, the licensee shall assure provision of: (D) Hygiene items of general use such as soap and toilet paper.			
1	Deficiency Practice Statement		
2	There was no toilet paper available for R1 at initial inspection of the room. The toilet paper was replaced during interview of R1. This poses an immediate risk to the health and safety...		
3			
4			
	POC Due Date:		
	Plan of Correction		
1			
2			
3			
4			

A message box appears asking you to confirm deletion of the page. Type 'yes' (without quotes) on the blank field, and select the OK button. Repeat for each LIC809/LIC9102 previously created by system

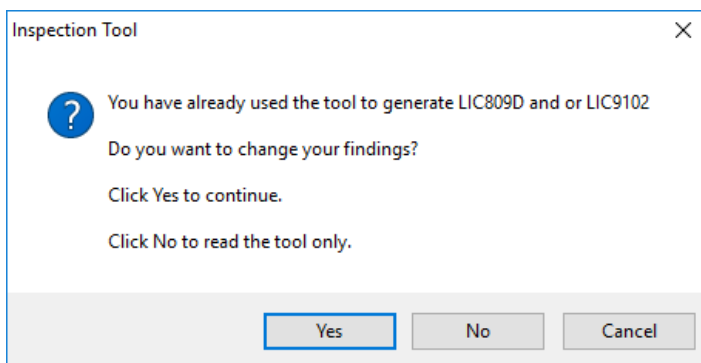


Follow the following steps to edit the inspection tool after having generated 809Ds/9102s.

Open the LIC809 and select the 'Inspection Tool' button.

FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108	
FACILITY NAME:	VISTA ROSITA ELDER CARE	FACILITY NUMBER:	405802299
ADMINISTRATOR:	BAILEY, JESSICA	FACILITY TYPE:	740
ADDRESS:	461 HILL STREET	TELEPHONE:	(805) 235-0286
CITY:	SAN LUIS OBISPO	ZIP CODE:	93401
CAPACITY:	6	STATE: CA	
		CENSUS:	7
TYPE OF VISIT:	Annual/Random	DATE:	05/30/2018
		ANNOUNCED	
		UNANNOUNCED	
MET WITH:	SS	TIME BEGAN:	01:01 PM
		TIME COMPLETED:	01:02 PM
<input type="checkbox"/> Inter-Rater Reliability		<input checked="" type="checkbox"/> Inspection Tool	

A message will appear letting you know that you have already used the Inspection Tool to create LIC809D/LIC9102 forms.



Select the 'Yes' button to proceed and open the Inspection Tool.

DOCUMENTING STAFF/CLIENT INTERVIEWS

Interviews with clients and other information pertaining to the visit can be created from the LIC809 by selecting the 'Inspection Tool Pilot' button.

- Select the appropriate form as need from the dropdown box.
 - Select Staff Interview

The screenshot shows the LIC809 - IBM Notes application interface. The main window displays a 'FACILITY EVALUATION REPORT' for '1ST PACIFIC COAST HOMES II'. The report includes fields for Facility Name, Administrator, Address, City, Capacity, Facility Number, Facility Type, Telephone, ZIP Code, State, Census, Date, Type of Visit, Time Began, Time Completed, and Met With. The 'Inspection Tool Pilot' dropdown menu is open, showing options: 'Create an 809D w/o Tool', 'Create an LIC9102 w/o Tool', 'Staff Interview' (highlighted with a red circle), and 'Client Interview'. The 'NARRATIVE' section is visible at the bottom, with a list of numbers 1 through 8.

Created By: wendy tsan On 06/11/2018 at 11:13 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF COMMUNITY CARE LICENSING
CCLD Regional Office, 1700
SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT

FACILITY NAME: 1ST PACIFIC COAST HOMES II	FACILITY NUMBER: 415600833
ADMINISTRATOR: DEBORAH M. DAHLEN	FACILITY TYPE: 740
ADDRESS: 2585 ARDEE LANE	TELEPHONE: (650) 873-8635
CITY: SOUTH SAN FRANCISCO	ZIP CODE: 94080
CAPACITY: 6	STATE: CA
CENSUS: 4	DATE: 06/11/2018 16
TYPE OF VISIT: Annual/Random	UNANNOUNCED
MET WITH: Licensee	TIME BEGAN: 11:13 AM
	TIME COMPLETED: 12:45 PM

☐ Inter-Rater Reliability

NARRATIVE

1	
2	
3	
4	
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7	
8	
9	

- Complete the Staff Interview form as described in the Ops Manual, section (3-103)

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

FACILITY NAME: 17201 LAHEY STREET
LPA: [REDACTED]

FACILITY NUMBER: 197608880
DATE: 06/15/2018

STAFF INTERVIEWED: Jane Doe

Inspection Tool Staff Interview

1 Staffing Domain Where is the plan of care information located? Were staff able to locate?	<input type="radio"/> Yes <input type="radio"/> No	If "No", please explain:
<div style="border: 1px solid black; height: 60px;"></div>		
2 How do you use the plan of care information? Were staff able to describe? *Some responses to consider: the staff is knowledgeable in the care of the resident, the staff refers to and knows how to read the residents plan of care information, the staff ask a more experienced staff member... [H&S 1569.618 (c) (1), T-22 87411 (a)]	<input type="radio"/> Yes <input type="radio"/> No	If "No", please explain:
<div style="border: 1px solid black; height: 60px;"></div>		
3 Residents with Special Health Needs Domain How do you find out about changes in your residents? Were staff able to describe?	<input type="radio"/> Yes <input type="radio"/> No	If "No", please explain:
<div style="border: 1px solid black; height: 60px;"></div>		
4 Residents with Special Health Needs Domain Show or tell me how you assist residents with medications. Were staff able to describe? *Some responses to consider: the staff is knowledgeable in the facility process, the staff refers and knows how to use the facility's policy on	<input type="radio"/> Yes <input type="radio"/> No	If "No", please explain:
<div style="border: 1px solid black; height: 60px;"></div>		

- Enter the name of staff interviewed (a mandatory field.) If the field is left blank, a message will appear as seen below.

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

FACILITY NAME: 1ST PACIFIC COAST HOMES II FACILITY NUMBER: 415600833
 LPA: [REDACTED] DATE: 06/15/2018

STAFF INTERVIEWED:

Inspection Tool Staff Interview

1 Staffing Domain Yes No If "No", please explain:

Where is the plan of care information located?
 Were staff able to locate?

2 How do you use the plan of care information? Yes No If "No", please explain:

Were staff able to describe?
 *Some responses to consider: the staff is knowledgeable in the care of the resident, the staff refers to and knows how to read the residents plan of care information, the staff ask

Field Contains Incorrect Value

✖ Staff name is a required field

OK

- Select the appropriate form as need from the dropdown box.
 - Select Client Interview

LIC809 - IBM Notes

File Edit View Create Actions Tools Window Help

Open [Icons] Search All Mail

Home x FAS User Test FAS Senior Care x FAS LIC809 x

Updates Additional Forms Visits Sign LPA Print Edit Exit Inspection Tool Pilot

Created By: wendy tsan On 06/11/2018 at 11:13 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF COMMUNITY CARE LICENSING
 CCLD Regional Office, 1700
 SACRAMENTO, CA 95814

FACILITY EVALUATION REPORT

FACILITY NAME: 1ST PACIFIC COAST HOMES II		FACILITY NUMBER: 415600833
ADMINISTRATOR: DEBORAH M. DAHLEN		FACILITY TYPE: 740
ADDRESS: 2585 ARDEE LANE		TELEPHONE: (650) 873-8635
CITY: SOUTH SAN FRANCISCO	STATE: CA	ZIP CODE: 94080
CAPACITY: 6	CENSUS: 4	DATE: 06/11/2018 16
TYPE OF VISIT: Annual/Random	UNANNOUNCED	TIME BEGAN: 11:13 AM
MET WITH: Licensee		TIME COMPLETED: 12:45 PM

☐ Inter-Rater Reliability

NARRATIVE

1	
2	
3	
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6	
7	
8	
9	

- Complete the Client Interview form as described in the Ops Manual, section (3-102.)

Save
Exit

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

FACILITY NAME: 17201 LAHEY STREET
LPA: [REDACTED]

FACILITY NUMBER: 197608880
DATE: 06/15/2018

CLIENT INTERVIEWED: Jane Doe

Inspection Tool Client Interview

- Residents Rights/Information Domain**
Do staff treat you well?
[H&S 1569.269 (a) (1) and T-22 87468 (a) (1)]

☐ Always
☐ Almost always
☐ Sometimes
☐ Almost never
☐ Never
- Planned Activities Domain**
Do staff offer activities you want to participate in?
[T-22 87219 (a) 1-6]

☐ Always
☐ Almost always
☐ Sometimes
☐ Almost never
☐ Never
- Food Service Domain**
Are you happy with the food served here?
[T-22 87555 (b) (5)]

☐ Always
☐ Almost always
☐ Sometimes
☐ Almost never
☐ Never
- Staffing Domain**
Do you feel there is enough staff to assist you?
[H&S 1569.618 (c) (1) and T-22 87411 (a)]

☐ Always
☐ Almost always
☐ Sometimes
☐ Almost never
☐ Never
- Incidental Medical/Dental Care and Health Related Services and**

☐ Always

- Enter the name of client interviewed (a mandatory field.) If the field is left blank, a message will appear as seen below.

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

FACILITY NAME: 17201 LAHEY STREET	FACILITY NUMBER: 197608880	
LPA: [REDACTED]	DATE: 06/15/2018	
CLIENT INTERVIEWED: [REDACTED]		

Inspection Tool Client Interview

1 Residents Rights/Information Domain
Do staff treat you well?
[H&S 1569.269 (a) (1) and T-22 87468 (a) (1)]

2 Planned Activities Domain
Do staff offer activities you want to participate in?
[T-22 87219 (a) 1-6]

☐ Always
☐ Almost always
☐ Sometimes
☐ Almost never
☐ Never

☐ Always
☐ Almost always
☐ Sometimes
☐ Almost never

X

Field Contains Incorrect Value

Client name is a required field

OK

- **Note:** The Staff/Client Interview forms are automatically selected as CONFIDENTIAL documents.

Once the form(s) have been completed, select the save button at the top of the form, and exit the form.

Save
Exit

THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION

FACILITY NAME: 17201 LAHEY STREET	FACILITY NUMBER: 197608880	
LPA: [REDACTED]	DATE: 06/15/2018	
STAFF INTERVIEWED: [Jane Doe]		

The Staff/Client Interview forms will appear as records attached to the LIC809.

▼ 17201 LAHEY STREET

▼ 197608880 Facility 740 5 8406 3

▼ LIC809 - FER - Visit date 06/15/2018 Visit Type POST LICENSING

Staff Interview - SI - Visit date 06/15/2018 Visit Type POST LICENSING
 Client Interview - CI - Visit date 06/15/2018 Visit Type POST LICENSING

INTER-RATER RELIABILITY

If an LPA is participating during the visit for purposes of creating an Inter-Rater Reliability Report, they must create a new LIC809 and select the same type of visit (i.e. – annual/random.)

FACILITY NAME:	HOME SWEET HOME	FACILITY NUMBER:	405802261
ADMINISTRATOR:	MONTANO, VALERIE	FACILITY TYPE:	740
ADDRESS:	2307 ARCIERO COURT	TELEPHONE:	(805) 975-3712
CITY:	PASO ROBLES	ZIP CODE:	93446
CAPACITY:	6	STATE: CA	
		CENSUS:	
TYPE OF VISIT:	<input checked="" type="radio"/> Annual/Random	DATE:	06/14/2018 16
		<input type="radio"/> ANNOUNCED	
		<input checked="" type="radio"/> UNANNOUNCED	
MET WITH:		TIME BEGAN:	03:55 PM
		TIME COMPLETED:	03:56 PM

☒ Inter-Rater Reliability

Inspection Tool

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1
2

- The Inter-Rater analyst must first check the box labeled 'Inter-Rater Reliability' to flag the LIC809 as an Inter-Rater report.
- The Inter-Rater analyst can open an Inspection Tool from the LIC809, as described earlier in this manual "Opening an Inspection Tool."
- The Inter-Rater analyst will need to complete the Inspection Tool/Specialty Tool(s) as described in the sections above, beginning with "Opening an Inspection Tool."
- The Inter-Rater analyst will not need to complete the Narrative of the LIC809 along with any accompanying documents that the lead LPA will be responsible for completing e.g. LIC 809D, LIC 811, etc.
 - Select the 'Complete Inspection Tool' button to complete the report as described in section 'Complete the Inspection.'

FACILITY EVALUATION REPORT

CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME:	HOME SWEET HOME	FACILITY NUMBER:	405802261
ADMINISTRATOR:	MONTANO, VALERIE	FACILITY TYPE:	740
ADDRESS:	2307 ARCIERO COURT	TELEPHONE:	(805) 975-3712
CITY:	PASO ROBLES	ZIP CODE:	93446
CAPACITY:	6	STATE: CA	
		CENSUS:	
		DATE:	06/14/2018 16
TYPE OF VISIT:	<input type="radio"/> Annual/Random	<input type="radio"/> ANNOUNCED	
		<input checked="" type="radio"/> UNANNOUNCED	TIME BEGAN: 03:55 PM
MET WITH:	<input type="radio"/>		TIME COMPLETED: 03:56 PM

☒ Inter-Rater Reliability

Inspection Tool

Complete Inspection

NARRATIVE

"Do not enter more than 25 lines of comments on this page."

1
2
3

- LIC809D/LIC9102 records will be created if deficiencies or advisory notes were selected on the Inspection Tool
 - The Deficient Practice Statement, POC Due Date, and Plan of Correction do NOT need to be completed by the Inter-Rater analyst.
- The Inter-Rater Report will display ****INTER-RATER RELIABILITY INSPECTION**** in the title of the report.

▼ 405802261
▼ HOME SWEET HOME Facility 740 3 N403 2
▼ LIC809 - FER - Visit date 06/14/2018 Visit Type ANNUAL/RANDOM **INTER-RATER RELIABILITY INSPECTION**
LIC809-D - FER - Visit date 06/14/2018

- The Inter-Rater report needs to be final printed as described in section titled, 'Recording the Visit' below.
- Note:** The Inter-Rater analyst will NOT receive credit for the Inter-Rater report, and must be added as a Joint visitor to the primary analyst's report.
 - Described in section, 'Joint Visits' below.

User Test FAS Senior Care - IBM Notes

Department of SOCIAL SERVICES
CDSS
Community Care Licensing
Residential Care

Search in View "Facilities by Number"

Facility Name	Form	Type	Stat	LPA Code	Arvc	2-Yr Visit	Req Visit	Count
HOME SWEET HOME	Facility	740	3	N403				4
LIC809 - FER - Visit date 06/14/2018 Visit Type ANNUAL/RANDOM "INTER-RATER RELIABILITY INSPECTION"								
LIC809-D - FER - Visit date 06/14/2018								
PRIMARY REPORT								
LIC809-D - FER - Visit date 06/14/2018								
VILLA MARIPOSA SENIOR CARE	Facility	740	3	N404				0
HARVEST SENIOR LIVING LLC	Facility	740	3	N403				0
RESIDENCE II, THE	Facility	740	3	N403				0
BELLA VITA ASSISTED LIVING	Facility	740	3	N403				0
SHADY REST, THE	Facility	740	3	N405				0
PARK GROVE, THE	Facility	740	3	N405				0
SUNRISE TERRACE RCFE II	Facility	740	3	N405				0
SUNRISE TERRACE RCFE I	Facility	740	3	N405				0
SUNRISE TERRACE RCFE III	Facility	740	3	N405				0
SUNRISE TERRACE RCFE IV	Facility	740	3	N405				0
BOB & CORKY'S CARE	Facility	740	3	N405				0

JOINT VISITS

If the inspection was a joint visit, (i.e. – another LPA created an “Inter-Rater” LIC809) crediting the additional personnel is completed as described in the FAS Manual, section 4.1.072 (Joint Visits.) When the LIC809 is in edit mode, select the ‘Visits’ button, then select ‘Joint Visit.’

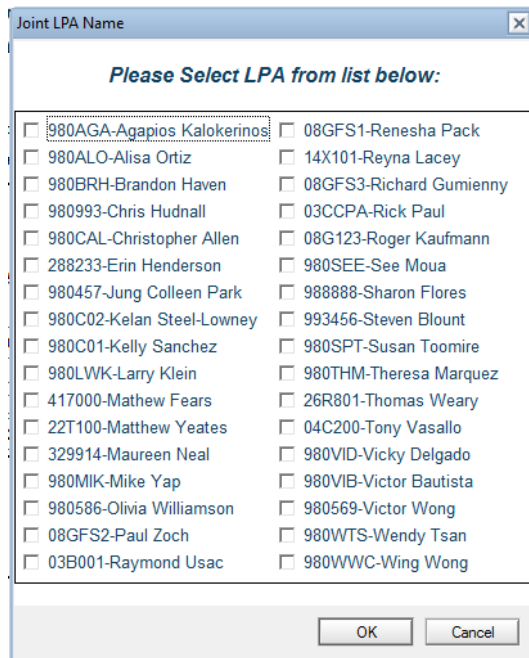
Continuation Forms Additional Forms Visits Get Signature Sign LPA Print Save Exit Inspection Tool Pilot

3 at 01:01 PM

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

View Attempted Visits
Visit Attempted
Joint Visit

A pop-up window will appear where the additional LPA name(s) can be selected by selecting the box next to their name(s).



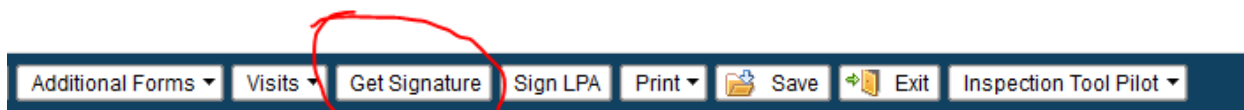
A screenshot of a Windows-style dialog box titled "Joint LPA Name". The dialog box has a close button (X) in the top right corner. Inside the dialog, the text "Please Select LPA from list below:" is centered. Below this text is a list of names, each preceded by a small square checkbox. The first checkbox is checked, and the name "980AGA-Agapios Kalokerinos" is highlighted. The names are arranged in two columns. At the bottom of the dialog box are two buttons: "OK" and "Cancel".

Please Select LPA from list below:	
<input checked="" type="checkbox"/> 980AGA-Agapios Kalokerinos	<input type="checkbox"/> 08GFS1-Renesha Pack
<input type="checkbox"/> 980ALO-Alisa Ortiz	<input type="checkbox"/> 14X101-Reyna Lacey
<input type="checkbox"/> 980BRH-Brandon Haven	<input type="checkbox"/> 08GFS3-Richard Gumienny
<input type="checkbox"/> 980993-Chris Hudnall	<input type="checkbox"/> 03CCPA-Rick Paul
<input type="checkbox"/> 980CAL-Christopher Allen	<input type="checkbox"/> 08G123-Roger Kaufmann
<input type="checkbox"/> 288233-Erin Henderson	<input type="checkbox"/> 980SEE-See Moua
<input type="checkbox"/> 980457-Jung Colleen Park	<input type="checkbox"/> 988888-Sharon Flores
<input type="checkbox"/> 980C02-Kelan Steel-Lowney	<input type="checkbox"/> 993456-Steven Blount
<input type="checkbox"/> 980C01-Kelly Sanchez	<input type="checkbox"/> 980SPT-Susan Toomire
<input type="checkbox"/> 980LWK-Larry Klein	<input type="checkbox"/> 980THM-Theresa Marquez
<input type="checkbox"/> 417000-Matthew Fears	<input type="checkbox"/> 26R801-Thomas Weary
<input type="checkbox"/> 22T100-Matthew Yeates	<input type="checkbox"/> 04C200-Tony Vasallo
<input type="checkbox"/> 329914-Maureen Neal	<input type="checkbox"/> 980VID-Vicky Delgado
<input type="checkbox"/> 980MIK-Mike Yap	<input type="checkbox"/> 980VIB-Victor Bautista
<input type="checkbox"/> 980586-Olivia Williamson	<input type="checkbox"/> 980569-Victor Wong
<input type="checkbox"/> 08GFS2-Paul Zoch	<input type="checkbox"/> 980WTS-Wendy Tsan
<input type="checkbox"/> 03B001-Raymond Usac	<input type="checkbox"/> 980WWC-Wing Wong

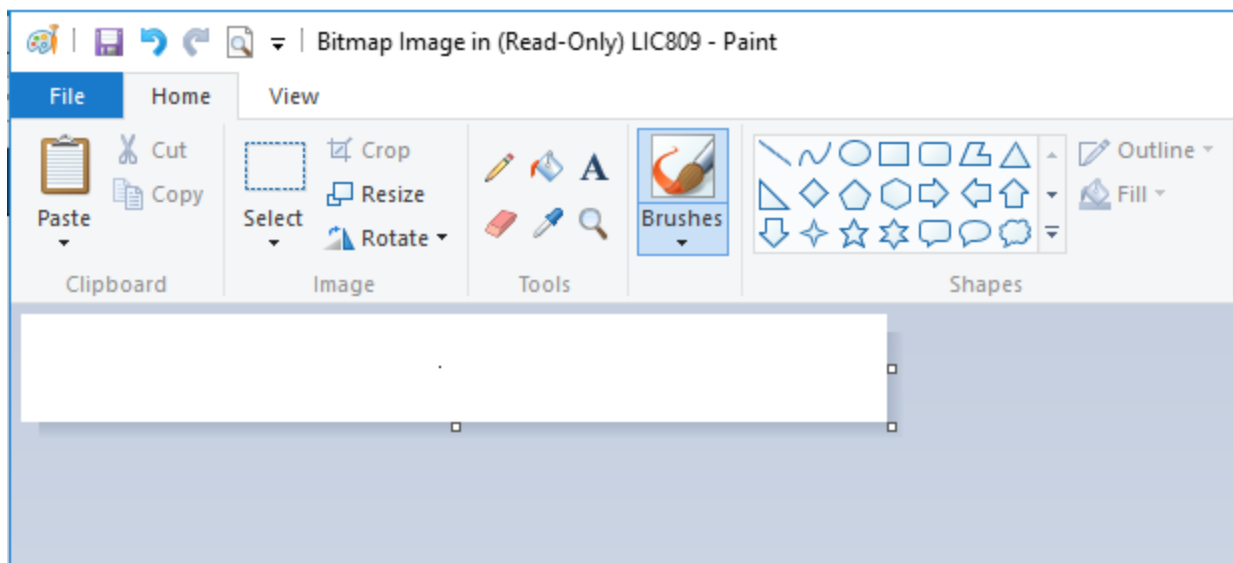
RECORDING THE VISIT

Once the LIC809 and Inspection Tool/Specialty Tool(s) have been completed, please remember to read each page of the report out loud with the facility representative, and obtain signatures on the LIC809 (and continuation pages if applicable.)

The LIC809 must be final printed to record the visit.



A screenshot of a software toolbar with a dark blue background and white text. The toolbar contains several buttons: "Additional Forms" (with a dropdown arrow), "Visits" (with a dropdown arrow), "Get Signature" (circled in red), "Sign LPA", "Print" (with a dropdown arrow), "Save" (with a floppy disk icon), "Exit" (with a door icon), and "Inspection Tool Pilot" (with a dropdown arrow).



Please final print the documents by opening ONLY the first page (LIC 809) and placing it in edit mode and final printing. Please do not have the continuation form(s) (LIC 809 - C/D, etc.) open during the final print process. See section 4.5.02 of the FAS Manual for additional information regarding Final Printing and Crediting Visits.

ANNUAL CONTINUATION

If the inspection cannot be completed in one site visit, you can complete the visit by creating a new LIC809 (Case Management – Annual Continuation.)

- **Note:** A new Inspection Tool will need to be created on the Case Management-Annual Continuation visit.

FACILITY EVALUATION REPORT

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office,
CA

FACILITY NAME: MINNIE MOUSE RCFE
ADMINISTRATOR: MINNIE MOUSE
ADDRESS: 789 SECOND STREET
CITY: TOONTOWN
CAPACITY: 6

STATE: CA
CENSUS: 7

FACILITY NUMBER: 193600003
FACILITY TYPE: 740
TELEPHONE: (916) 999-9997
ZIP CODE: 95800

DATE: 06/18/2018 16

TYPE OF VISIT: ☒ Case Management - Annual Continuation

☐ ANNOUNCED
☒ UNANNOUNCED

TIME BEGAN: 03:06 PM

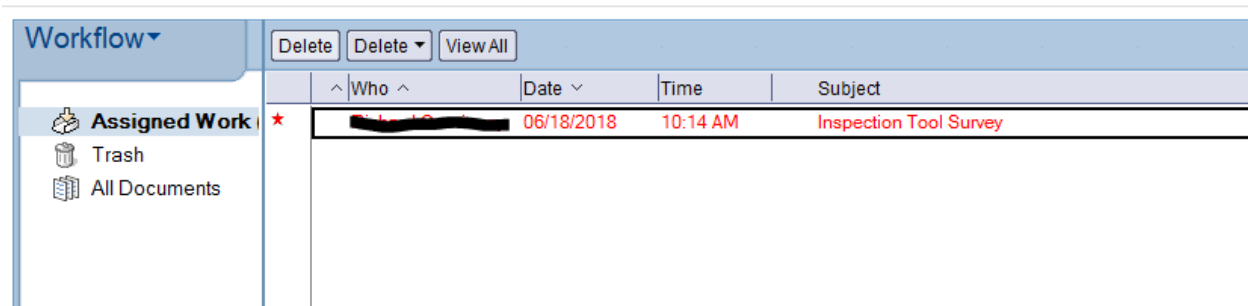
MET WITH: 7

TIME COMPLETED: 03:07 PM

- You will need to determine what areas were already completed on the initial Annual or Post-Licensing LIC809.
 - You can print out the Inspection Tool from the prior visit if needed for reference.
 - Important: Do NOT complete areas of the Inspection Tool that were already completed during the initial visit (as this could result in duplicate LIC809D/LIC9102s.)
- Complete the Case Management- Annual Continuation by following the steps described above beginning with section, 'CREATING AN LIC809 AND OPENING AN INSPECTION TOOL.'

INSPECTION TOOL SURVEY

Once you have completed and final printed the report documents, a message will appear in your Workflow titled, Inspection Tool Survey.



Once you return to the office, please open the message (double click the message) to complete the survey.

Inspection Tool Survey

1. What effect did the new inspection tool have on the inspection process?

- ☒ The inspection process was easier
- ☐ No difference
- ☐ The inspection process was more difficult

2. Did the new inspection tool contribute to a more or less thorough inspection?

- ☒ A more thorough inspection
- ☐ No change/About the same
- ☐ A less thorough inspection

3. Compared to previous comprehensive inspections you've performed; do you feel that the new inspection tool took a reasonable length of time to complete?

- ☐ The inspection process was too long
- ☒ The inspection process was adequate
- ☐ The inspection process was too short

4. Compared to previous comprehensive inspections you've performed; do you feel that the inspection process took more or less time when using the new inspection tool?

- ☒ The inspection process took more time
- ☐ No change/About the same
- ☐ The inspection process took less time

5. Compared to previous inspection methods, how would you rate the effectiveness of the new inspection tool (e.g., its success in supporting a thorough inspection)?

- ☒ Very effective
- ☐ Somewhat effective
- ☐ Not very effective
- ☐ Not effective

6. Compared to previous inspection methods, how would you rate the efficiency of the new inspection tool (e.g., your ability to complete the inspection with the least waste of time or effort)?

- ☐ Very efficient
- ☐ Somewhat efficient

- There are 28 questions to complete for the survey.
- Once complete with the survey, click the 'Submit' button at the end of the form.

28. Please provide any comments or suggestions that you may have with regard to areas of the revised inspection process in need of improvement (i.e., what did not work or could be made better):

Submit